SPCG (M) 02/07/26 FINAL

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Safety and Public Confidence Oversight Group
Meeting held via Teams and in Board Room, JB Russell House
on 2nd July 2026 at 10.00am
Location: Hybrid via Teams and Board Room, JB Russell House

PRESENT

Professor Sir Lewis Ritchie	Co-Chair
Professor Jann Gardner	Co-Chair
Ms Ann Cameron-Burns	Employee Director, NHSGGC
Professor John Cuddihy	Patient/Family Representative (Paediatrics)
Ms Tracey Gillies	Scottish Association of Medical Directors (SAMD) Representative (Portfolio 3 Lead)
Ms Ann Gow OBE	Deputy Chief Executive, Healthcare Improvement Scotland (HIS)
Ms Gill Imery QPM	Independent Member (Portfolio 1 Lead)
Mrs Elspeth Banks	Patient and Public Involvement – Independent Public Partner
Ms Laura Imrie	Lead Consultant, Antimicrobial Resistance & Healthcare Associated Infection (ARHAI), Scotland
Ms Margaret Kerr	Non-Executive Board Member, NHSGGC
Mrs Claire MacArthur	Director of Corporate Planning, NHSGGC
Dr Scott Davidson	Executive Medical Director, NHSGGC
Professor Jim McMenamin	Head of Infections Service, Public Health Scotland
Ms Ketki Miles	Non-Executive Board Member, NHSGGC
Dr John O'Dowd	Interim Director of Public Health, NHSGGC (Portfolio 2 Lead)
Dr Christine Peters	Whistleblowing Representative, Consultant Clinical Microbiologist, NHSGGC
Ms Alfie Rawson	Patient/Family Representative (Paediatrics) (Joined at 10.33am)
Mrs Louise Slorance	Patient/Family Representative (Adult)
Professor Angela Wallace	Executive Nurse Director, NHSGGC and SEND representative
Ms Julie Critchley	Director, NHS Assure
Mr Colin Lauder	Director of Projects, NHSGGC
Professor Nicola Steedman	Deputy Chief Medical Officer, Scottish Government

APOLOGIES

Ms Kathleen Carolan	SEND Representative, NHS Shetland
Ms Claire Pearce	Deputy Chief Nursing Officer, Scottish Government

SECRETARIAT

Mr Scott Wilson	Head of Corporate Programmes, NHSGGC (PMO)
Ms Joanne Calderwood	Programme Support Manager

			ACTION BY
1.	**Welcome and Apologies**		
	Sir Lewis welcomed members to the fourth formal meeting of the Safety and Public Confidence Oversight Group and thanked them for their attendance. He acknowledged the significant commitment being shown to this important work. He also advised that he and Professor Gardner had presented an update to the NHSGGC Board on 25th June 2026 regarding the status of the SPCG. During that update, he commended the contribution of all colleagues involved, including staff, other NHS bodies, external experts, and representatives of patients and the public. Professor Gardner introduced Mr Colin Lauder, Director of Projects, who will lead work on the new Bone Marrow Transplant Unit (BMT). Mr Lauder advised that it was a great privilege to be on this group and looked forward to adding capacity to the senior management team. Sir Lewis advised that the agenda would follow a similar format to previous meetings and set out the items that would be covered. He encouraged members to actively participate throughout the discussions by asking questions, offering comments or raising any issues that they feel should be considered as the meeting progressed. Apologies were noted as above. **NOTED**		
2.	**Opening Remarks**		
	Sir Lewis confirmed that he continues to engage regularly with individual Group members, the Scottish Government Assurance Group, Portfolio Leads and the Programme Management Office (PMO) He reported that the PMO is progressing arrangements for small focus groups, which are scheduled to take place during July and August 2026. Sir Lewis also invited members to remain after the meeting for an update on the Healthcare Improvement Scotland (HIS) inspection of maternity services at the Queen Elizabeth University Hospital. **NOTED**		
3.	**Declaration of Interests**		
	Sir Lewis invited Mr Wilson to provide an update on the declaration of interests.		

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	Mr Wilson confirmed that the Register of Interest forms remain an important element of the group's governance arrangements, and an active register is being maintained. Updated guidance issued last month confirmed that declarations should include both financial and non-financial interests, including any relevant complaints, grievances, legal claims, or ongoing disputes. Members were reminded to review and update their declarations as appropriate and to submit any new or amended information to ensure the register remains current. Mr Wilson also confirmed that declarations have been requested from all members of the group, including NHS Greater Glasgow and Clyde representatives, where a matrix is being maintained to support the ongoing review. Mr Wilson confirmed that all Register of Interest forms had been received and stored securely by the PMO. He noted however that some forms require did further detail and, in this regard, the PMO will progress directly with the relevant members to obtain the additional information required to ensure the register remains complete and up-to-date. For information, he also confirmed that two members had demitted from the group: • **Alison MacDonald, co-SEND representative**, has stepped down from the Group as her daughter is due to commence employment with the PMO on 24th August 2026. • Kathleen Carolan from NHS Shetland will therefore **represent for SEND** going forward. • Dr David Partridge has stepped down from the Group due to capacity pressures linked to illness within a colleague's family. **Discussions are ongoing with Professor Snowden** to bring him back in as a replacement. Sir Lewis thanked members for their co-operation and reminded them that any new interests should be declared as soon as they arise. **NOTED**		**PMO**
4.	**Minutes of Previous Meeting**		
	Sir Lewis highlighted that, while the minutes were not intended to be a verbatim transcript of the meeting, the PMO maintains a detailed record of discussions. Members reviewed and discussed the minutes of the meeting held on 21st May 2026, which had been circulated in advance for comment. Mrs Banks sought clarification regarding comments previously made by Professor Gardner on the risk assessment for the current Ward 4B environment. She queried whether the existing risk assessment was		

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	intended to cover the full period until the new unit is built and operational, or whether it would require further review during that timeframe. Dr Davidson confirmed that the risk assessment sets out two options, which had been discussed previously. He highlighted that there will be an interim period before NHSGGC is able to open the new Adult Bone Marrow Transplant Unit (BMT) and advised that further work is required to identify the potential triggers, escalation routes and business continuity arrangements needed during that time. Professor Gardner noted that the position is being reviewed weekly and would be revisited should any significant developments arise. She described the situation as dynamic and confirmed that Incident Management Teams continue to review the relevant information, supported by daily Bronze, Silver and Gold Command oversight of the unit. Dr Peters also highlighted that the Ward 4B options appraisal document has details of all current risks and explained this is a live document escalated to acute clinical governance. Professor Cuddihy requested that on Page 11 of the minutes, the second paragraph be amended to read "problem setting" as opposed to "problem solving". Mrs Banks referred to the fourth-last paragraph on Page 11 of the minutes, which referenced capital funding. In light of recent media reports, she sought assurance that the work would remain a priority for the Group. She also asked for confirmation that there was no risk of the position changing or the commitment being reversed. Professor Gardner confirmed that this work remained a key priority. She noted that the work is being undertaken within a live clinical environment where patients continue to receive care, and this therefore represents one of the Group's key risks. She reiterated that rectification work remains a priority and will continue to be closely monitored. Ms Slorance noted that several corrections had been made to the minutes. She expressed concern that the revised wording could imply that the options discussed at the previous meeting had met JACIE standards. She requested that approval of the minutes be deferred until the JACIE discussion takes place later in the meeting. Sir Lewis and Professor Gardner agreed that approval of the minutes would be revisited once the JACIE item had been fully discussed. ***Following discussions at Item 13 below (JACIE), members returned to this item and were content to approve the minutes of the meeting held on 21st May 2026.*** **APPROVED**		**J Calderwood**
5.	**Rolling Action List**		
	Mr Wilson provided an update on the outstanding actions as follows:		

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	• **Action 1: Public statement on atrium** The outstanding action regarding the public statement on the atrium and fire issues remains in progress. Legal considerations are currently being addressed. Subject to resolution of these issues, the statement is expected to be shared with the group and subsequently published, with an indicative timeframe of September 2026. Related actions concerning preparation and review of the statement have been combined into a single action. • **Actions 2 and 5: Declarations of interest** This has been delayed allowing for more time for final declarations. • **Action 3: Review SHI evidence and learning and how this is being reflected in portfolio CP will provide further update.** This item will be covered within the Portfolios where Dr Peters will provide an additional update. • **Action 4: JACIE** Item on agenda for today's meeting. Completed actions were also noted for reference. **NOTED**		**PMO**
6.	**Portfolio 1 – Patients, Families and Public**		
	Ms Imery provided an update on Portfolio 1. She advised that a survey had been issued to current and recent patients from the Adult Bone Marrow Transplant (BMT) service and RHC 2A Paediatric Oncology, covering the period from May 2025 to May 2026. A total of 400 people were contacted, comprising 200 from each service. Each was invited to complete a short set of questions and was also offered the opportunity to take part in a follow-up discussion with Ms Imery. For the Adult BMT Unit, 42 survey responses were received. A further two individuals provided feedback through direct discussions, bringing the total number of adult feedback responses to 44. For Paediatric Oncology Services, 16 survey responses were received. One further individual provided feedback through direct discussion, bringing the total number of paediatric feedback responses to 17. In relation to staff engagement, colleagues were offered a range of opportunities to participate, including face-to-face sessions on site at QEUH, co-located with RHC, and meetings via Teams. To date, 16 one-to-one staff sessions have taken place: 12 with staff from Adult Services and 4 with staff from Children's Services Ms Imery explained that due to lower participation rates from Children's Services staff, an anonymous staff survey had been launched to allow		

			ACTION BY
	colleagues to provide feedback without identifying themselves or attending a meeting. The survey is scheduled to close on 5th July 2026. Ms Imery also highlighted planned engagement with earlier patient cohorts, for which a randomised sample was being selected. Surveys would be issued to 50 former Adult Services patients and 50 former Paediatric Services patients. The questions would broadly mirror those used for the current and recent patient cohort. In addition, Ms Imery confirmed that the Patient Engagement Public Involvement (PEPI) team would issue a wider public sentiment analysis on 2nd July 2026. The analysis would follow a similar approach to previous surveys. Sir Lewis thanked Ms Imery for all her endeavours on this work. Ms Slorance enquired about the randomisation approach for pre-2025 patients and sought assurance that the sample would be appropriately distributed across relevant factors, including timeframe and procedure type. Mr Wilson confirmed that work had been undertaken with the Business Intelligence Team who used two randomisation formulas, ensuring that the sample selection process is fully randomised. He advised that all patients included in the cohort had received care within the BMT Unit and RHC Ward areas. He explained that the procedure type had not been used as a selection criterion, as the survey is focused on patients' experience of the units. An additional question will be added to the survey to ask respondents when they received their services, providing further contextual information for analysis. Ms Imery further clarified the randomisation process, noting that a randomised sample had been selected to enable feedback to be gathered and analysed within a useful timeframe. She emphasised that this did not preclude a more comprehensive engagement exercise in the future and acknowledged the challenges associated with excluding some individuals who may wish to contribute their experiences. Professor Cuddihy offered to support wider engagement by sharing a message on the Schiehallion Ward online portal and the closed RHC Facebook site. The message would signpost members to the survey and remind them of the closing date. Members agreed with the proposed approach. Ms Imery thanked Professor Cuddihy for his support, noting that any additional activity to strengthen feedback and encourage responses would be welcomed. Ms Banks requested sight of both the survey document that had been circulated and the public engagement document. The PMO agreed to circulate these documents to members later that day. **NOTED**		**Professor Cuddihy** **PMO** **Ms Imery**
7.	**Portfolio 2 - Built Environment**		

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	Dr O'Dowd updated on the five elements of Portfolio 2. He confirmed that the most recent water audits undertaken by authorised engineers were now available and the Water Systems Assessment Group had held its first meeting. The initial meeting focused on defining the scope of the project, identifying the key issues for review and agreeing how these would be managed through subsequent meetings. Discussions have also taken place with Scottish Government and national partners regarding the approach to water management. Work is progressing on a policy relating to safe potable, drinking and boiled water. There will be a separate local policy for patients who are severely immunocompromised and this will be developed through multidisciplinary clinical input. Dr O'Dowd highlighted that considerable variation exists across the UK regarding water management for highly immunocompromised patients. Following development of local policies, NHSGGC intends to engage with national partners and commissioners to explore whether a more consistent UK-wide approach could be developed. In terms of ventilation, Adult and Paediatric reviews are being considered separately due to the historical approaches and environments associated with each service. Several ventilation audits have already been completed, and one further audit is expected shortly. These audits will inform the next phase of discussions and enable the Ventilation System Assessment Group to consider available evidence, scope of issues requiring investigation and the detail needed for assurance and future recommendations. In summary, Dr O'Dowd confirmed that both Paediatric and Adult BMT Ventilation Groups are progressing through their initial stages, with meetings scheduled to undertake detailed review work. In terms of **UVC**, literature searches have been commissioned to examine the use of UVC technologies and their role within BMT and ventilation systems. In addition, discussions are taking place with CMO and CNO regarding approaches to **Prophylaxis Medicines** and what future arrangements would look like. Discussions will also continue around any retrospective elements that may need consideration. The findings emerging from the water and ventilation assurance groups will directly inform the development of a wider assurance framework. Early discussions have already identified areas to be developed. In addition, a review of assurance frameworks used elsewhere in the UK has been undertaken. Dr O'Dowd noted however that there is no single accepted model and the final framework may need to draw upon multiple approaches. Engagement with national partners will continue as this work develops.		

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	An issue identified through the water workstream was the absence of a clear benchmarking approach. Dr O'Dowd noted that whilst technical guidance exists, there is currently limited ability to compare performance consistently across organisations. This may become an area for future recommendation and could influence the structure of the assurance framework. Sir Lewis thanked Dr O'Dowd for his work in bringing together a broad range of colleagues to support this important programme of work. Professor Cuddihy welcomed the progress being made across the various workstreams. He noted that a query raised at the previous meeting about distinguishing between guidance for the general population and guidance for severely immunocompromised patients was now being actively addressed through the separate policy approaches. He considered this to be a positive development. Dr O'Dowd thank Professor Cuddihy and wished to convey his thanks to all the colleagues from within and out with NHSGGC who had been exceptionally generous with their time. Members also welcomed the progress made in completing the water and ventilation audits which represented a significant step in the overall programme of work. Professor McNemanin noted that the portfolio reports provided a clear summary of current progress but suggested that future updates could also include indicative timelines for completion of key activities. He asked whether presenting anticipated delivery dates alongside status updates would be possible, to assist the group in monitoring progress against planned milestones. In response to this query, Professor Gardner and Dr O'Dowd agreed that future portfolio reports could include indicative timelines in addition to status updates. It was further explained that the Phase 1 programme had originally been aligned to completion by the end of June but had been extended to allow wider participation and engagement. Professor Gardner confirmed that Phase 1 activity was expected to be completed by the end of July 2026, with small-group discussions continuing throughout July and August. She advised that actions across Portfolios 1, 2 and 3 remained on track, with final reports due to be completed and circulated by the end of August 2026. These reports would then be presented to the Group at its meeting on 2 September 2026. Future updates would include more detailed milestone information where appropriate. Professor McMenamin referred to the practical example provided by Dr Peters regarding the use of the NHS England Estates technical bulletin for UV devices. He noted that the bulletin indicated annual equipment testing may be sufficient. However, given the Group's ambition to reduce risk, he asked whether consideration should be given to going beyond existing requirements. He sought the Oversight Group's view on whether this should be explored further as a shared ambition.		**J O'Dowd**

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	Professor Gardner highlighted the importance of nationally determined standards and recognised that NHSGGC's immediate priority is to ensure full compliance with those requirements. She noted that enhanced testing and monitoring arrangements are being undertaken in some areas to provide additional assurance and maintain a current understanding of system performance. Portfolio groups were invited to consider whether there are opportunities for further improvement beyond existing standards and, where appropriate, make recommendations for either local implementation or national consideration. Ms Gillies offered a note of caution around exceeding existing standards and developing enhanced approaches. Whilst she recognised that ambition and continuous improvement are important, she emphasised the need to remain focused on completing the agreed programme of work, ensuring that fundamentals are in place, evidenced and understood before pursuing broader aspirations. Ms Critchley supported these points, emphasising from a national assurance perspective the priority is to ensure that fundamental requirements are in place, and that organisations are fully complaint with established standards and legislation. She confirmed that NHS Assure works closely with NHS England and a collaborative review of relevant guidance is currently underway to achieve greater consistency and standardisation of guidance across the devolved nations. Sir Lewis thanked members for their contributions. He noted the importance of ensuring that the fundamentals are in place while also continuing to pursue excellence beyond minimum requirements. He asked each portfolio group to consider this as part of its ongoing work. **NOTED**		**Dr O'Dowd** **PMO**
8.	**Portfolio 3 – Professional Relationships and Culture**		
	Ms Gillies reported that no further updates were required on Workstream 3.1A, with the interview and feedback-gathering phase now complete. She advised that she had spoken with all individuals who had requested engagement and was currently analysing the feedback received, identifying emerging themes and developing recommendations for inclusion in the final report. Completion of this work remained on schedule for the end of July 2026. In terms of Workstream 3.2 (Professional Resolution Framework), she advised that a draft version had been reviewed which contained several useful proposals. Suggestions had been made regarding implementation planning, including testing elements of the framework with small groups of colleagues to ensure applicability beyond HR setting. Work was progressing well with potential use across a range of organisational environments. Sir Lewis thanked Ms Gillies for the update.		**Ms Gillies** **PMO**

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	At that point, Sir Lewis noted that Professor Nicola Steedman had joined the meeting and welcomed her to the session. **NOTED**		
9.	**Small Group Plans**		
	Mr Wilson confirmed that proposed dates had been shared with members, with the first sessions scheduled for late July and mid-August 2026. Members' preferences are currently being collated. Five options have been offered for each set of sessions, although only three may be required. The PMO will coordinate diary arrangements for face-to-face sessions, with Teams meetings available by exception. Mr Wilson briefly described the purpose and structure of the small group sessions. The first set of sessions would focus on emerging portfolio findings and provide members with an opportunity to explore the themes in greater detail with portfolio leads. All group members had been invited to participate, with groups expected to comprise around 6 members and the portfolio leads will attend each session. Feedback from both set of sessions would inform the final portfolio reports, which are due for completion by end August 2026. Sir Lewis prompted members to submit their preferred dates to the PMO. He noted that given the volume and complexity of the material being considered, the focus groups would provide an important opportunity for more detailed scrutiny than is possible within the main oversight group meeting. In-person attendance would be encouraged where possible, however there was an opportunity for virtual attendance. Mrs Gow sought clarification regarding the planned small group sessions and whether different groups would consider different topics. Professor Gardner confirmed that all groups would discuss the same portfolio material. The first round of sessions would focus on reviewing available information and gathering feedback, while the second round would provide an opportunity for reflection, consideration of any additional information, and discussion of issues arising from the initial meetings. An iterative approach would be used, with feedback from both rounds informing the final reports. All findings would be consolidated and reported back to the full group at the meeting scheduled for 2 September 2026. Dr Peters emphasised the importance of ensuring that learning from the Scottish Hospitals Inquiry (SHI) is reflected in the work of the Oversight Group. She proposed developing a short, focused assurance framework based on factual and non-contentious issues relevant to current services, with the aim of identifying key questions for each portfolio area. The framework would be used to cross-reference emerging learning against ongoing work and help ensure that no significant issues had been overlooked. Examples were provided from the water workstream, including questions relating to identification of high-risk areas, compliance with testing standards and the effectiveness of governance arrangements for monitoring and responding to exceptions. Members were invited to contribute suggestions, and it was noted that a more developed proposal would be brought back to the group in September 2026.		**C Peters**

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	Ms Gillies sought clarification regarding the proposed incorporation of learning from the Scottish Hospitals Inquiry. She highlighted that, as the Inquiry has not yet formally reported, it was important to distinguish between the current work to consolidate assurance questions and emerging areas of learning, and any future formal Board consideration of SHI findings and recommendations. She emphasised the importance of articulating this distinction clearly for governance purposes and highlighted the need for careful communication to ensure the approach is appropriately understood by the wider staff group. In response to the governance concerns raised by Ms Gillies, Professor Gardner confirmed that the work currently being undertaken should be viewed as an interim assurance exercise rather than a formal response to the Scottish Hospitals Inquiry. She emphasised that the group continued to await the SHI's final recommendations, following which a formal Board response would be required. In the meantime, the Oversight Group would consider relevant learning and emerging themes to identify any actions that could strengthen safety, governance and risk management in advance of the final report. It was stressed that care would be taken not to make presumptive assumptions regarding any future SHI findings or recommendations. Members agreed that clear communication regarding the purpose and limitations of this work would be essential. Professor Cuddihy wished to note that the Chair of the SHI had previously encouraged organisations not to delay improvement activity while awaiting the final Inquiry recommendations. He suggested that the group's proactive consideration of emerging learning and assurance themes would therefore be consistent with that approach and should be commended, provided the rationale for any actions taken was clearly articulated. Members noted the importance of distinguishing between ongoing improvement activity informed by current learning and any future formal response to the Inquiry's final recommendations. Sir Lewis highlighted that the assurance process could not be delayed. Dr Peters agreed that any consideration of learning from the SHI should remain constructive, appropriately framed and avoid speculative discussions before the inquiry has formally reported. She agreed to work closely with Professor Gardner to ensure that any issues brought forward were appropriately framed. Members agreed to focus on current assurance arrangements and clear learning opportunities that could strengthen safety and governance. **<u>NOTED</u>**		**PMO**
10.	**HAI-SCRIBE Process and Use in Room 92, Ward 4B**		
	Sir Lewis invited Ms Critchley to present on the HAI-SCRIBE process. Ms Critchley provided a high-level overview of HAI-SCRIBE, which is the process used by NHS Scotland Assure to support NHS Boards in identifying, assessing, mitigating and managing infection prevention and control (IPC) risks associated with the healthcare-built environment.		

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	She explained that HAI-SCRIBE is also known as Scottish Health Facilities Note 30 (SHFN 30) and has been mandated for relevant healthcare projects since approximately 2007 through national NHS Scotland guidance. The framework applies to both existing healthcare facilities and new-build developments and is regularly reviewed and updated to ensure continued relevance. The HAI-SCRIBE acronym stands for *Healthcare Associated Infection System for controlling risk in the built environment.* Ms Critchley advised that the HAI-SCRIBE provides a structured framework for identifying and managing healthcare-associated infection risks within the built environment, ensuring infection prevention and control considerations are embedded in construction, refurbishment and facilities management projects. Ms Critchley detailed the three components to this guidance: • Part A, the supporting manual and guidance document • Part B, the implementation strategy and assessment (the HAI-SCRIBE itself). This is not a single process and includes a collaborative of Estates and Facilities Teams, Infection & Prevention Control, Clinicians, Architects, Engineers (i.e. the HAI-SCRIBE is everyone's business). • A series of supporting question sets and checklists used to evaluate and manage risks through a project's lifecycle. Ms Critchley noted that ongoing training is available for Boards, including refresher training, and agreed to provide contact details to the PMO. A SharePoint site has also been launched to support implementation. Mr Webster, HAI-SCRIBE Manager, would be happy to provide a more detailed presentation if required. Learning resources are also available. Mr Wilson will liaise with Ms Critchley regarding circulation of the relevant material. Professor Steedman asked Dr Critchley how frequently this is updated and refreshed. Dr Critchley confirmed that NHS Scotland Assure reviews the framework on a regular basis to ensure it reflects current legislation, guidance and best practice. She explained that whenever changes are made to national guidance or requirements issued to NHS Boards, consideration is given to whether corresponding updates are required to the HAI-SCRIBE question sets, checklists or assessment processes. Members noted that the framework is subject to ongoing review and refinement to ensure that it remains relevant and effective in supporting risk identification and management within the healthcare-built environment. Dr Peters reflected on the practical application of HAI-SCRIBE and described it as a mature and continually evolving risk-management tool developed from experience and learning across healthcare environments. She emphasised the importance of multidisciplinary involvement, including		**J Critchley/ PMO**

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	front-line clinical staff, identifying and managing infection prevention and control risks. She noted the complexity of applying HAI-SCRIBE within a live healthcare environment such as the QEUH, where major works continue alongside ongoing patient care. The importance of robust risk assessment, rapid escalation processes and continuous learning was highlighted. Dr Peters further advised that future developments in areas such as indoor air quality monitoring may influence the evolution of HAI-SCRIBE and related assurance frameworks. Dr Peters also noted that Ward 4B represents one of the most complex applications of the HAI-SCRIBE process. She highlighted that the structures in place have supported rapid escalation and timely responses to emerging issues. Indoor air quality is also being considered as part of this work, and she advised that Scotland was well advanced in its approach. Mrs Banks thanked Ms Critchley and Dr Peters for their helpful contributions and sought clarification on whether appropriate colleagues had developed considerable experience of working with the HAI-SCRIBE process to date. Dr Peters confirmed that the process has been embedded within NHSGGC for a considerable period and that each new situation is approached as a specific challenge, bringing together the appropriate multidisciplinary expertise to support effective risk assessment and management. Sir Lewis thanked Ms Critchley for her helpful presentation. **NOTED**		
11.	**SHI Paper Submission Update**		
	Sir Lewis invited Mr Wilson to present the update on the SHI paper submission. Mr Wilson advised that the Scottish Hospitals Inquiry (SHI) had requested an update on the work of the SPCG by the end of May 2026. The submission was made on 29 May 2026 and set out the Group's progress since its establishment, including the role of families and whistleblowers and the achievements identified by the Co-Chairs. The paper followed a similar structure to the update presented to the NHSGGC Board on 30 April 2026, with relevant updates added during May. It confirmed that the SPCG had been fully established since March 2026, had held three meetings, and had put governance arrangements in place, including publication of material on the public website and appointment of leads for the three portfolios. The submission also described the role of families and whistleblowers, noting that family representatives were full members of the Group who attended meetings, reviewed papers, maintained two-way communication with the PMO and Co-Chairs, and were able to shape both the Group's work and its agendas.		

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	The paper provided a summary of progress across each portfolio and outlined the role of external independent experts, particularly in relation to Ward 4B, including their ability to link into and be represented on the Group. It also included the programme timeline to August 2026, the Group's work plan, details of the PMO arrangements, and supporting appendices, including the Terms of Reference. The submission was provided to the SHI for noting. Mr Wilson advised that no response had been received and acknowledged, which was expected, and that no further action was required. **NOTED**		
12.	**Risk Register**		
	Mr Wilson confirmed that the Risk Register is in place and is reviewed weekly by the PMO. The PMO also meets regularly with Portfolio Leads, as most risks are aligned to the portfolio workstreams. He explained there are currently 10 programme-level risks recorded on the risk log, none of which are categorised as extremely high. The PMO is working with the Chief Risk Officer to transfer the risk register into the standard NHSGGC format and ensure it is aligned with Datix requirements. Mr Wilson summarised these as follows: 1. New Adult BMT business case which will be split and this is in development. 2. Looks at communication and transparency of the group and how we manage expectations at public and stakeholder level to ensure confidence remains. 3. Relates to phase one delivery and reporting timescales. 4. Engagement reach, accessibility and credibility 5. Technical assurance evidence clarity 6. External dependencies and approval routes 7. Sensitive information handling and engagement data 8. Professional relationships, culture and staff confidence 9. Phase 2 implementation planning and follow-through 10. Ward 4B interim operating environment and assurance. Mr Wilson agreed to present the Risk Register to the Group in the revised NHSGGC format at the next meeting. Sir Lewis emphasised that the identification, recording and mitigation of risks are central to the work of the Group. He asked that the Risk Register be shared with members in the interim for consideration. In addition, Mr Lauder confirmed that the BMT will have its own Risk Register. Mrs Slorance asked whether the Risk Register could be made available to members as a live document through a Teams channel or SharePoint site. Mr Wilson agreed to explore this option and confirmed that, if a live document could not be shared, an updated version would be circulated regularly.		**S Wilson** **S Wilson**

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	AGREED		
13.	**JACIE Update**		
	Mrs MacArthur reported that NHSGGC had written to JACIE on 2nd June 2026 seeking clarification on three matters, the terminology used to describe the status of the Adult Bone Marrow Transplant Unit (BMT) during the recertification period, the terminology and communication approach to be used going forward for both the Adult and Paediatric BMT units; and the anticipated timescale for completion of the Paediatric Unit's recertification. The latter was considered particularly important given the expiry date of the current Paediatric accreditation certificate and concerns regarding previous delays in recertification. Mrs MacArthur advised that JACIE had acknowledged receipt of the correspondence but had not yet provided a substantive response. Members discussed the importance of obtaining clarity to ensure consistent and accurate terminology is used in communications and to avoid ambiguity regarding accreditation status. Sir Lewis said that efforts should continue to secure a meeting with JACIE representatives and that support from external experts, including Professor Snowden, would be sought to help progress discussions and in this regard, Mrs MacArthur undertook to contact Professor Snowden. In addition, Professor Cuddihy advised that he had recently received correspondence from a JACIE Director indicating a willingness to discuss the terminology issues and agreed to share this with the group. Professor Gardner emphasised the importance of resolving the matter promptly and ensuring that the Group receives definitive clarification on JACIE's position so that any necessary adjustments can be made to future communications. The PMO will provide members with an update on progress ahead of the September meeting. Following the JACIE discussion, members returned to Item 4 and endorsed the minutes of the previous meeting. **NOTED**		**C MacArthur** **Professor Cuddihy** **PMO**
14.	**Communications**		
	Mr Wilson reported that on 29th May 2026, draft key messages were circulated and published on the website, on 2nd June 2026 the PMO circulated the draft minutes along with the SHI submission and information on how the small groups would work. On 3rd June 2026, a fortnightly update was circulated, including a link to the HIS maternity inspection at QEUH.		

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	Further fortnightly updates have since been provided to the Group, and the PMO will continue this approach. **NOTED**		
14.	**Next Steps and Any Other Business**		
	Sir Lewis explained that the key messages will be shared at the end of each meeting and Mr Wilson summarised these as follows: • Engagement and portfolio work continues to progress and note of thanks to Professor Cuddihy on help with bolstering this through Paediatric Facebook pages. • Note the progress of Portfolio 2 linking into UK frameworks. • Portfolio 3 is almost complete and ready to report by end July. • Small group plans were discussed today with a structure in place, and these will run during July and August • A key message is our note of thanks to everyone has been involved through this challenging process. • HAI-SCRIBE processes in place are clear, robust and have been embedded for 20 years, the purpose of which is to manage infection control within the built environment. There is ongoing monitoring of this, and a full risk update will be brought to a subsequent meeting. Sir Lewis thanked Mr Wilson for the update. **NOTED**		**All** **PMO**
15.	**Next Steps and Any Other Business**		
	SHI Learning and Reflections/Whistleblowing, Board and Seminar		
	Dr Peters confirmed she had been invited to speak at the NHSGGC Board on 13th August 2026 on her experience as a whistleblower. the NHSGGC Board Meeting on 13th August 2026 to describe ongoing work and focus on what still needs to be done, what improvement have been made. This was a constructive dialogue which is positive. Dr Peters also emphasised that there remained significant learning to take forward and that good faith should be maintained by all parties. She noted that the work on professional relationships and culture represented a positive step forward.		

			ACTION BY
	NOTED		
16.	**Date of Next Meeting**		
	The next SPCG meeting will be held on 2nd September 2026. **NOTED**		
17.	**Any Other Business**		
	Dr Davidson updated members that there had been a brief session on the HIS maternity review. He also confirmed there was an active Incident Management Team (IMT) process for this. Dr Davidson also wished to acknowledge recent media coverage concerning a high-profile patient and where colleagues may have seen reports suggesting that areas of the hospital had been locked down following the patient's presentation. He explained that, while patient confidentiality must be maintained, it was important to clarify that the matter is being actively reviewed. He confirmed that no patient area was locked down. Dr Davidson advised that an established patient process and pathway exist for cases of this nature. This pathway has been well tested and used over several years and was followed appropriately in this case. He confirmed that the media coverage did not accurately reflect the circumstances. Professor Wallace referred to recent press reports regarding cleaning practices, specifically claims that staff had been asked to use dishwasher tablets for cleaning. She advised that the matter had been investigated immediately, where it was confirmed as an isolated incident, and that staff would be reminded of the correct cleaning processes. Professor Cuddihy thanked Dr Davidson for the update and explained that families affected by the current IMT process had reached out for assurance and clarity regarding ongoing issues. He emphasised the importance of transparency and inclusion within the group as well as the need for candour, comfort and care for those families, noting that rumours and media reports have caused concerns. He requested that the group provide assurance around the safety of PICU (Paediatric Intensive Care Unit) and address specific questions from families. Dr Davidson confirmed that these families are being supported and they will receive further updates after the next IMT meeting, stressing the importance of candour and ongoing communication. Sir Lewis noted that the discussion reflected the Group's commitment to bringing current issues forward transparently. He advised that further detail would be provided when a fuller and more robust account was available.		

			ACTION BY
	Additional Session Members were invited to an optional session of the QEUH HIS Maternity Review after today's meeting. **NOTED**		